

Date received:
Date acted upon:

Post Season Competition Request

Name of Group Requesting Funds: _____

Amount Requested: _____

Competition Name & Description: _____

Date of Competition: _____

Final Location: _____ Number of Attendees: _____

Length of Competition: _____ Means of Transportation: _____

Please answer the following questions and submit along with an in-depth description of the competition.

- 1. How did your group qualify for this competition? What is the selection process? How many institutions qualified?**
- 2. What skills will your group members gain at these playoffs that they would not otherwise have been able to?**
- 3. Why do you feel your group will benefit from attending these Finals?**
- 4. How will your group be able to contribute more fully to the campus community after attending this competition?**
- 5. Please include any other information you feel relevant to the request, including a break down of expenditures.**

Student Accountant: _____
(Name) Printed Signature Date

Club Advisor: _____
(Name) Printed Signature Date

Business Manager: _____
(Name) Printed Signature Date

Business Manager Phone & Email: _____

Amount approved: _____ or,
Reason denied: _____